

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/254152	FILING DATE
						APPLICANT(S)	
						CLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/		/		51
2		/		/		/	52
3		/		/		/	53
4		2		/		/	54
5		2		/		/	55
6		0		/		/	56
7		0		/		/	57
8		0		/		/	58
9		0		/		/	59
10		0		/		/	60
11		0		/		/	61
12		/		/		/	62
13	/		/		/		63
14	/		/		/		64
15		2		/		/	65
16		0		/		/	66
17		0		/		/	67
18		0		/		/	68
19	/	/	/	/	/	/	69
20		/		/		/	70
21		2		/		/	71
22		2		/		/	72
23		2		/		/	73
24		0		/		/	74
25		0		/		/	75
26		0		/		/	76
27		0		/		/	77
28		0		/		/	78
29	/	/	/	/	/	/	79
30		/		/		/	80
31		/		/		/	81
32					/	/	82
33						/	83
34						/	84
35						/	85
36						/	86
37						/	87
38					/	/	88
39					/	/	89
40					/	/	90
41						/	91
42						/	92
43						/	93
44					/	/	94
45						/	95
46						/	96
47						/	97
48						/	98
49						/	99
50						/	100
TOTAL IND.	5		5		9		TOTAL IND.
TOTAL DEP.	30		24		29		TOTAL DEP.
TOTAL CLAIMS	35		29		38		TOTAL CLAIMS

BEST AVAILABLE COPY